



**Send Completed form to:**  
 Office of Equal Opportunity &  
 Workforce Services - SPSF  
 1511 Mail Service Center  
 Raleigh, NC 27699-1511  
 -----or-----  
 Fax to (919) 508-1818

**North Carolina Department of Transportation  
 Office of Equal Opportunity & Workforce Services  
 Small Professional Services Firm (SPSF)  
 Contractor Certification**

*For Official Use Only*

Vendor # \_\_\_\_\_

1	<b>Firm's Name</b>		
2	<b>Type of Business Entity</b>	<input type="checkbox"/> Individual (use SSN) <input type="checkbox"/> Sole Proprietorship (use SSN or Fed ID#) <input type="checkbox"/> LLC (use Fed ID#)	<input type="checkbox"/> Partnership (use Fed ID#) <input type="checkbox"/> Corporation (use Fed ID#) <input type="checkbox"/> Estate/Trust (use Fed ID #)
3	<b>Social Security No. or Federal ID #</b>  (Enter one based on your firm's business entity)	_____ - _____ - _____ (Social Security #) _____ <i>or</i> _____ _____ - _____ - _____ (Federal Tax ID)	
4	<b>Owner's Information</b>  •If there are more than two owners, please attach additional sheets.  •Ownership percentages must total 100%.  •Gender and Ethnicity information is not eligibility criteria and is gathered for reporting purposes only	Name Owner 1: _____ % Ownership: _____ Gender: _____ Ethnicity: <input type="checkbox"/> Asian/Pacific American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American	Name Owner 2: _____ % Ownership: _____ Gender: _____ Ethnicity: <input type="checkbox"/> Asian/Pacific American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American
5	<b>Contact Information</b>  (Area codes required)	Business Phone: _____ Fax Number: _____ Email: _____	
6	<b>Address Information</b>  (Include street, city, state & zip code)	Physical Address: _____	Mailing Address: _____
7	<b>Financial Information</b>	Previous Tax Year _____ Receipts: \$ _____	Year 2: _____ Receipts: \$ _____
			Year 3: _____ Receipts: \$ _____

Small businesses, as defined by the Small Business Administration in Sector 54, are eligible for participation in the Department of Transportation's Small Professional Services Firm (SPSF) certification program. Information submitted is subject to verification by NCDOT. False statements could result in criminal penalties being imposed, including but not limited to the above firm being barred from doing business with NCDOT.

**STATE OF:** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**I** \_\_\_\_\_, **A Notary Public for said State, County, do hereby certify that**

\_\_\_\_\_ **personally appeared before me this day and acknowledged the due execution of the foregoing instrument.**

**Witness my hand and official seal, this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_ **Seal }**

\_\_\_\_\_  
 (Signature Owner/Officer)

\_\_\_\_\_  
 (Notary Signature)

\_\_\_\_\_  
 (Title)

**My commission expires** \_\_\_\_\_ **20** \_\_\_\_\_

The North Carolina Department of Transportation uses Small Business Administration (SBA) size standards to determine whether a business entity is small and, thus, eligible for participation in the SPSF program. Size standards have been established for Professional, Scientific, and Technical Services under the North American Industry Classification System (NAICS). The size standards are expressed either in number of employees or annual receipts in millions of dollars, and indicates the maximum allowed for a business and its affiliates to be considered small.

**Please select the NAICS code for your industry by placing a check in the box. Verify your firm's average receipts for the three previous tax years before submitting this form.** *Receipts* means "total income" (or in the case of a sole proprietorship, "gross income") plus "cost of goods sold" as these terms are defined and reported on Internal Revenue Service tax return forms.

NAICS Code	NAICS U. S. Industry Title <b>Sector 54 – Professional, Scientific and Technical Services</b>	Size Standards (in millions of dollars)	Size Standards (in number of employees)
541110	Offices of Lawyers	10.0	
541191	Title Abstract and Settlement Offices	10.0	
541199	All Other Legal Services	10.0	
541211	Offices of Certified Public Accountants	19.0	
541213	Tax Preparation Services	19.0	
541214	Payroll Services	19.0	
541219	Other Accounting Services	19.0	
541310	Architectural Services	7.0	
541320	Landscape Architectural Services	7.0	
541330	Engineering Services	14.0	
	<u>Except</u> - Military & Aerospace Equipment and Military Weapons	35.0	
	<u>Except</u> - Contracts and Subcontracts for Engineering Services Awarded Under the National Energy Policy Act of 1992	35.0	
	<u>Except</u> - Marine Engineering and Naval Architecture	35.0	
541340	Drafting Services	7.0	
	<u>Except</u> - Map Drafting	4.5	
541350	Building Inspection Services	7.0	
541360	Geophysical Surveying and Mapping Services	14.0	
541370	Surveying and Mapping (except Geophysical) Services	14.0	
541380	Testing Laboratories	14.0	
541410	Interior Design Services	7.0	
541420	Industrial Design Services	7.0	
541430	Graphic Design Services	7.0	
541490	Other Specialized Design Services	7.0	
541511	Custom Computer Programming Services	25.5	
541512	Computer Systems Design Services	25.5	
541513	Computer Facilities Management Services	25.5	
541519	Other Computer Related Services	25.5	
541611	Administrative Management and General Management Consulting Services	14.0	
541612	Human Resources Consulting Services	14.0	
541613	Marketing Consulting Services	14.0	

NAICS Code	NAICS U. S. Industry Title <b>Sector 54 – Professional, Scientific and Technical Services (Continued)</b>	Size Standards (in millions of dollars)	Size Standards (in number of employees)
541614	Process, Physical Distribution, and Logistics Consulting Services	14.0	
541618	Other Management Consulting Services	14.0	
541620	Environmental Consulting Services	14.0	
541690	Other Scientific and Technical Consulting Services	14.0	
541711	Research and Development in Biotechnology		500
541712	Research and Development in the Physical, Engineering, and Life Sciences (except Biotechnology)		500
541720	Research and Development in the Social Sciences and Humanities	19.0	
541810	Advertising Agencies	14.0	
541820	Public Relations Agencies	14.0	
541830	Media Buying Agencies	14.0	
541840	Media Representatives	14.0	
541850	Display Advertising	14.0	
541860	Direct Mail Advertising	14.0	
541870	Advertising Material Distribution Services	14.0	
541890	Other Services Related to Advertising	14.0	
541910	Marketing Research and Public Opinion Polling	14.0	
541921	Photography Studios, Portrait	7.0	
541922	Commercial Photography	7.0	
541930	Translation and Interpretation Services	7.0	
541940	Veterinary Services	7.0	
541990	All Other Professional, Scientific, and Technical Services	14.0	

# VENDOR REGISTRATION FORM

## NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

Vendor # \_\_\_\_\_

Pursuant to Internal Revenue Service (IRS) Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the State. If this number is not provided, you may be subject to a 20% withholding on each payment. To avoid this 20% withholding and to insure that accurate tax information is reported to the Internal Revenue Service and the State, please use this form to provide the requested information exactly as it appears on file with the IRS.

**INDIVIDUAL AND SOLE PROPRIETOR: ENTER NAME AS SHOWN ON SOCIAL SECURITY CARD****CORPORATION OR PARTNERSHIP: ENTER YOUR LEGAL BUSINESS NAME****NAME:** \_\_\_\_\_**MAILING ADDRESS: STREET/PO BOX:** \_\_\_\_\_**CITY, STATE, ZIP:** \_\_\_\_\_**DBA / TRADE NAME (IF APPLICABLE):** \_\_\_\_\_**BUSINESS DESIGNATION:**☐ INDIVIDUAL (use Social Security No.) ☐ SOLE PROPRIETER (use SS No. or Fed ID No.)☐ CORPORATION (use Federal ID No.) ☐ PARTNERSHIP (use Federal ID No.)☐ ESTATE/TRUST (use Federal ID no.) ☐ STATE OR LOCAL GOVT. (use Federal ID no.)☐ OTHER / SPECIFY \_\_\_\_\_**SOCIAL SECURITY NO.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Social Security #)**OR****FED. EMPLOYER IDENTIFICATION NO.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Employer Identification #)

COMPLETE THIS SECTION IF PAYMENTS ARE MADE TO AN ADDRESS OTHER THAN THE ONE LISTED ABOVE:

**REMIT TO ADDRESS: STREET / PO BOX:** \_\_\_\_\_**CITY, STATE, ZIP:** \_\_\_\_\_

Participation in this section is voluntary. You are not required to complete this section to become a registered vendor. The information below will in no way affect the vendor registration process and its sole purpose is to collect statistical data on those vendors doing business with NCDOT. If you choose to participate, circle the answer that best fits your firm's group definition.

**What is your firm's ethnicity?** ☐ Prefer Not To Answer, ☐ African American, ☐ Native American, ☐ Caucasian American, ☐ Asian American, ☐ Hispanic American, ☐ Asian-Indian American, ☐ Other: \_\_\_\_\_

**What is your firm's gender?** ☐ Prefer Not to Answer, ☐ Male, ☐ Female; **Disabled Owned Business?** ☐ Prefer Not to Answer, ☐ Yes, ☐ No

**IRS Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. For complete certification instructions please see IRS FORM W-9 at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

\_\_\_\_\_  
NAME (Print or Type)\_\_\_\_\_  
TITLE (Print or Type)\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE\_\_\_\_\_  
PHONE NUMBER